

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Hall Effect Sensor Assembly

the specification of which:

(check one) is attached hereto.

- was filed on _____ as U.S. Application Serial No. _____, and was amended on _____ (if applicable).
- was described and claimed in PCT International Application Number _____ filed on _____ and
- as amended under PCT Article 19 on _____ (if any) and/or
- as amended under PCT Article 34 as published in the Annex(es) to the International Preliminary Examination Report (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed		
<hr/> <hr/> (Number)	<hr/> <hr/> (Country)	<hr/> <hr/> (Day/Mon/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.)

(Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

M. Richard Page (25,299)
Dean Geibel (42,570)
All attorneys associated with Customer No.: 29683

SEND CORRESPONDENCE TO:

Customer No. 29,683

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME
OF INVENTOR :

LAST NAME
Hayes

FIRST NAME
Earl

MIDDLE NAME
James

RESIDENCE &
CITIZENSHIP:

CITY & STATE OR COUNTRY
South Lyon, MI

CITIZENSHIP
USA

POST OFFICE ADDRESS:

**315 Whipple Street
South Lyon, MI 48178**

Signature



Date 10/21/03

FULL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

OF INVENTOR :

McLauchlan

Raymond

Bruce

RESIDENCE &
CITIZENSHIP:

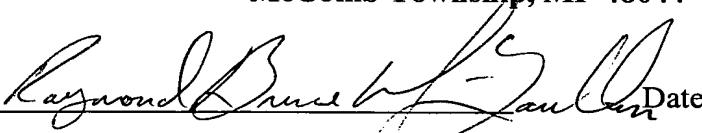
CITY & STATE OR COUNTRY
McComb Township, MI

CITIZENSHIP
Canada

POST OFFICE ADDRESS:

**48067 Jester Drive
McComb Township, MI 48044**

Signature

 / Date 10/16/03
